

**CITY OF DETROIT
FINANCE DEPARTMENT
ASSESSMENT DIVISION
REAL PROPERTY CORRECTION FORM**

DATE: _____

PARCEL NUMBERS: _____

SECTION: _____ DIST # _____ MAP NO: _____

_____ SIDE _____ ADDRESS: _____

BETWEEN _____ AND _____

JOB DESCRIPTION: PER CUSTOMER REQUEST PLEASE **COMBINE/DIVIDE** THE FOLLOWING:

PLEASE NOTE: REVISION IS EFFECTIVE FOR THE **2016** TAX YEAR. ALL TAXES MUST BE PAID AND /OR CURRENT PRIOR TO
THE PROCESSING OF THIS COMBINATION OR DIVISION REQUEST. REVISION WILL NOT BE MADE TO SPECIAL ACT PARCELS
WITHOUT PRIOR CONSENT OF THE BOARD OF ASSESSORS. EVIDENCE OF THIS REQUEST BEING COMPLETED WILL BE SEEN ON
YOUR ANNUAL NOTICE OF ASSESSMENT AND/OR YOUR JULY **2016** TAX BILL.

PLEASE PRINT THE FOLLOWING: (SEND THE COMBINED TAX BILL TO THIS ADDRESS)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NO _____

REPRESENTING _____

SIGNATURE _____

RECEIVED BY: _____